

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/049293 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3	2					
4	2					
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TOTAL IND.	2		2			
TOTAL DEP.	4	↓	4	↓		↓
TOTAL CLAIMS	10	[REDACTED]	11	[REDACTED]	[REDACTED]	[REDACTED]

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IND.	DEP.	IND.	DEP.
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100			
TOTAL IND.			
TOTAL DEP.		↓	↓
TOTAL CLAIMS		[REDACTED]	[REDACTED]